



WESTFIELD MEMORIAL POOL

MEMBERSHIP WAITING LIST APPLICATION

PLEASE PRINT LEGIBLY—ALL INFORMATION MUST BE INCLUDED

NAME (Last): _____ (First) _____

STREET: _____

CITY: _____ STATE _____ ZIP _____

PHONE #1:(_____) _____ PHONE #2:(_____) _____

EMAIL 1: _____

EMAIL 2: _____

**PLEASE PRINT LEGIBLY THE NAMES, RELATIONSHIP AND
BIRTHDATES OF ALL INCLUDED IN MEMBERSHIP**

| NAME/NAMES | RELATIONSHIP | BIRTHDATE |
|---------------|--------------|-----------|
| YOUR NAME: | | / / |
| 2. | | / / |
| 3. | | / / |
| 4. | | / / |
| 5. | | / / |
| 6. | | / / |
| 7. | | / / |

Circle category you are applying for -
(Check brochure for category explanation)

[FAMILY W/CHILD CARE] [FAMILY] [MARITAL/DOMESTIC/CIVIL UNION PARTNERS]

[PARENT/CHILD (under 18)] [INDIVIDUAL] [SENIOR CITIZEN]

*I hereby certify that the information given is correct and agree to abide by such rules and regulations as are adopted
by the Recreation Commission (Section 2-26 and 16-22 of the Cod of the Town of Westfield).*

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO: Westfield Recreation Department
425 East Broad St., Westfield, NJ 07090
(908) 789-4080

OFFICIAL USE ONLY _____

DATE RECEIVED _____ BY _____ ENTERED ON _____ APP.# _____

DATE CONTACTED _____ BY _____ EMAILED _____ CALLED _____